

ArtsPowered Schools Residency

FINAL EVALUATION REPORT

Annual Commission Grant period July 1 to June 30

Due not later
than July 31st

School Name _____

Address _____

City _____ State _____ ZIP _____ ☐ Check if this is a new address?

EIN Number _____

Phone _____

FAX _____

Grant Number (on Award Letter) _____

Grant Amount Received \$ _____

#Individuals Benefiting _____

#Youth Benefiting _____

Artists Participating _____

#ADA 504 Individuals benefiting _____

1. Narrative evaluation of the grant

- Complete and submit "Telling Your Story" on-line at artspoweredschools.idaho.gov; password: *pschools2008*
- Attach a print copy of "Telling Your Story" to this form.

2. Please submit copies of publicity, and other printed materials. Please submit two photos for publication use. (attach photo credit form as needed)

3. Summarize below the actual project budget and identify the activities and expenses supported by the QuickFund\$ grant: (receipts are not required)

PROJECT EXPENSES	ICA Grant
Artist/Consultant Fee (hrs _____ x rate \$ _____)	\$ _____
Artist/Consultant Planning Fee (hrs _____ x rate \$ _____)	\$ _____
Visiting Artist Fee	\$ _____
Lodging	\$ _____
Travel	\$ _____
Supplies	\$ _____
Documentation	\$ _____
Equipment Rental/Lease	\$ _____
Postage/Printing	\$ _____
Total Expenses	\$ _____

Application Certification: "I certify that all of the information contained in this report is true and correct to the best of my knowledge."

Signature of Onsite Coordinator _____

Date _____

Mail this form to:
Idaho Commission on the Arts
PO Box 83720
Boise, Idaho 83720-0008

DATE _____

Program Director Review _____

DATE _____

Agency Approval _____